

Manual Title	Chapter	Page
Dental Manual	App. B	
Chapter Subject	Page Revision Date	
Dental Services Not Requiring Pre-authorization	1-13-2005	

## APPENDIX B

### DENTAL SERVICES NOT REQUIRING PRE-AUTHORIZATION

Manual Title	Chapter	Page
Dental Manual	App. B	1
Chapter Subject	Page Revision Date	
Dental Services Not Requiring Pre-authorization	1-13-2005	

## **APPENDIX B**

### **DENTAL SERVICES NOT REQUIRING PRE-AUTHORIZATION<sup>[1]</sup>**

<u>Code</u>	<u>Procedure</u>	<u>Tooth</u> <sup>[2]</sup>	<u>Surface(s)</u>
<u>Diagnostic</u>			
D0150	Initial oral evaluation (original exam only)		
D0120	Periodic oral evaluation (6-month recall)		
D0140	Limited oral evaluation		
D0210	Radiograph intraoral – complete series		
D0220	Radiograph intraoral – periapical, first film		
D0230	Radiograph intraoral – periapical, each additional film		
D0240	Radiograph intraoral – occlusal film		
D0250	Radiograph extraoral – first film		
D0260	Radiograph extraoral – each additional film		
D0270	Radiograph bitewing – single film (once per year)		
D0272	Radiograph bitewings – two films (once per year)		

<sup>[1]</sup> See Chapter IV for detailed descriptions of covered services.

<sup>[2]</sup> Tooth codes: Primary [A through T], Permanent [01 through 32]

Manual Title	Chapter	Page
Dental Manual	App. B	2
Chapter Subject	Page Revision Date	
Dental Services Not Requiring Pre-authorization	1-13-2005	

<u>Code</u>	<u>Procedure</u>	<u>Tooth</u> <sup>[1]</sup>	<u>Surface(s)</u>
D0274	Radiograph bitewings – four films (once per year)		
D0330	Radiograph panoramic – single film		

#### Preventive

D1110	Prophylaxis, adult – age 13 through 20 years (6 months)		
D1120	Prophylaxis, child – age 12 and under (6 months)		
D1203	Topical fluoride, child – age 12 and under (6 months)		
D1204	Topical fluoride, adult – age 13 through 20 (6 months)		
D1351	Sealant (per tooth)	(2 – see below)	1 or 2

#### Space Maintenance

D1550	Recementation of space maintainer
-------	-----------------------------------

---

<sup>[1]</sup> Tooth codes: Primary [A through T], Permanent [01 through 32]

<sup>(2)</sup> Limited to permanent tooth numbers: 02, 03, 14, 15, 18, 19, 30, and 31.

Manual Title	Chapter	Page
Dental Manual	App. B	3
Chapter Subject	Page Revision Date	
Dental Services Not Requiring Pre-authorization	1-13-2005	

<u>Code</u>	<u>Procedure</u>	<u>Tooth</u> <sup>[1]</sup>	<u>Surface(s)</u>
<u>Restorative – Amalgam</u>			
D2140	Amalgam – one surface, primary or permanent	A – T or 01 – 32	1
D2150	Amalgam – two surfaces, primary or permanent	A – T or 01 – 32	2
D2160	Amalgam – three surfaces, primary or permanent	A – T or 01 – 32	3
D2161	Amalgam – four or more surfaces, primary or permanent	A – T or 01 – 32	4+
<u>Restorative – Resin</u>			
D2330	Resin-based composite, one surface, anterior	A – T or 01 – 32	1
D2331	Resin-based composite, two surfaces, anterior	A – T or 01 – 32	2
D2332	Resin-based composite, three surfaces, anterior	A – T or 01 – 32	3
D2335	Resin-based composite, four or more surfaces, anterior	A – T or 01 – 32	4+
D2390	Resin-based composite crown, anterior	A – T or 01 – 32	
D2391	Resin-based composite, one surface, posterior	A – T or 01 – 32	1
D2392	Resin-based composite, two surfaces, posterior	A – T or 01 – 32	2
D2393	Resin-based composite, three, surfaces posterior	A – T or 01 – 32	3
D2394	Resin-based composite, four/more, surfaces posterior	A – T or 01 – 32	4+

<sup>[1]</sup> Tooth codes: Primary [A through T], Permanent [01 through 32]

Manual Title	Chapter	Page
Dental Manual	App. B	4
Chapter Subject	Page Revision Date	
Dental Services Not Requiring Pre-authorization	1-13-2005	

<u>Code</u>	<u>Procedure</u>	<u>Tooth</u> <sup>[1]</sup>	<u>Surface(s)</u>
<u>Temporary Crowns and Other Restorative Services</u>			
D2915	Recement post/core	01 – 32	
D2920	Recement crown	A – T or 01 – 32	
D2930	Prefabricated stainless steel crown-primary tooth	A – T	
D2931	Prefabricated stainless steel crown – permanent tooth	01 – 32	
D2932	Prefabricated resin crown (polycarbonate)	A – T or 01 – 32	
D2933	Prefabricated stainless steel crown – resin window	C – H; M – R	
D2934	Prefabricated stainless steel crown – esthetic coated	C – H; M – R	
D2940	Sedative filling (temporary restoration)	A – T or 01 – 32	
D2950	Core buildup, including any pins	A – T or 01 – 32	
D2951	Pin retention-per tooth, in addition to restoration	A – T or 01 – 32	
D2954	Prefabricated post and core in addition to crown	01 – 32	

Endodontics

D3110	Pulp cap, direct	A – T or 01 – 32
D3120	Pulp cap, indirect	A – T or 01 – 32

<sup>[1]</sup> Tooth codes: Primary [A through T], Permanent [01 through 32]

Manual Title	Chapter	Page
Dental Manual	App. B	5
Chapter Subject	Page Revision Date	
Dental Services Not Requiring Pre-authorization	1-13-2005	

<u>Code</u>	<u>Procedure</u>	<u>Tooth</u> <sup>[1]</sup>	<u>Surface(s)</u>
D3220	Therapeutic Pulpotomy	A – T or 01 – 32	
D3221	Pulpal debridement	A – T or 01 – 32	
D3230	Pulpal Therapy, anterior, primary tooth	C – H; M – R	
D3240	Pulpal Therapy, posterior, primary tooth	A, B, I, J, K, L, S, T	

---

#### Other Fixed Prosthetic Services

D6930	Recement bridge	
D6972	Prefabricated post and core in addition to bridge retainer	01 – 32
D6973	Core buildup for retainer including any pins	01 – 32

#### Surgery - Simple

D7111	Extraction, coronal remnants, deciduous tooth	A – T (only)
D7140	Extraction, simple, single tooth	A – T or 01 – 32
D7260	Oral antral fistula closure (and/or antral root recovery)	
D7261	Primary closure of a sinus perforation, immediate	

<sup>[1]</sup> Tooth codes: Primary [A through T], Permanent [01 through 32]

Manual Title	Chapter	Page
Dental Manual	App. B	6
Chapter Subject	Page Revision Date	
Dental Services Not Requiring Pre-authorization	1-13-2005	

<u>Code</u>	<u>Procedure</u>	<u>Tooth</u> <sup>[1]</sup>	<u>Surface(s)</u>
D7510	Incision and drainage of abscess, intraoral soft tissue		
D7511	Incision/drainage, intraoral, complicated		
D7520	Incision and drainage of abscess, extraoral soft tissue		
D7521	Incision/drainage, extraoral, complicated		
D7550	Partial ostectomy/sequestrectomy for osteomyelitis, removal of non-vital bone		
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body		

#### Adjunctive Dental Services

D9110	Palliative (emergency) topical treatment of dental pain and/or infection of soft tissue
D9920	Behavior management

---

<sup>[1]</sup> Tooth codes: Primary [A through T], Permanent [01 through 32]